

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO. 10800028 FILING DATE _____
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | NO. | OFF. | NO. | OFF. | NO. | OFF. |
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| TOTAL OFF. | 21 | | 19 | | | |
| TOTAL | 24 | | 22 | | | |

| | NO. | OFF. | NO. | OFF. | NO. | OFF. |
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